

Animal Clinic of Rapid City Boarding Consent Form

Client Name _____ Pet's Name(s) _____
Emergency Contact # _____ Emergency Contact Email: _____
Emergency Contact Name (if other than client) _____

*Pets are admitted and discharged for boarding *only* during Animal Clinic business hours (Mondays 7am-8pm, Tues-Fri 7am-5:30pm and Saturdays 7am – 12pm.) Drop off and Pick up is **NOT available** through Emergency Veterinary Hospital. My pet(s) will be boarding from _____ to _____. Client initials _____

*Dogs must have proof of current Rabies, Distemper/Parvo and Bordetella vaccinations. Cats must have proof of a current Rabies and FVRCP vaccination. If unable to provide this information, I agree to have the vaccines administered by Animal Clinic staff knowing fees will be assessed. If Animal Clinic is not your pet's medical provider, please provide the clinic name, city and state where your pet receives routine care:
_____. Client initials _____

*I understand that canine boarders will be leash-walked outside at least twice daily and that slip leads are used to reduce the risk of animal escape. Client initials _____

*If any potentially contagious or life-threatening health problems occur during your pet's stay, your pet will be treated at the Veterinarian's discretion. We will call the contact number and/or email provided to provide an estimate, but we will begin treatment as needed to maintain your pet's health and well-being. You will be charged the regular fees for any services, diagnostics and/or treatments necessary to stabilize your pet. I authorize Animal Clinic of Rapid City to provide services to my pet if I am not able to be reached, not to exceed \$ _____. Client initials _____

*We provide bedding, bowls and food, however you must supply your pet's food if there are any allergies or need for a special diet (or food may be purchased through the clinic.) You may leave your pet's personal belongings such as bedding, toys, etc. but there is a chance they may be destroyed by chewing or mixed into circulation with our general laundry and may be difficult to identify and return. We cannot assume any responsibility for belongings that become damaged or lost. We recommend labeling all belongings with your pet's name and your last name. Client initials _____.

Has your pet shown any of the following symptoms in the last two weeks?:

Diarrhea No/Yes **Vomiting** No/Yes **Sneezing** No/Yes **Coughing** No/Yes

***While your pet is boarding here, would you like any of these other services performed?:**

Nail Trim _____ Express Anal Glands _____ Heartworm test _____ Microchip _____
PAW Plan Services (if available) _____ Exam (list concerns) _____

Print Name _____ Signature _____ Date _____

For Office Use Only

Vaccines Verified _____ Appoint scheduled (if needed) – when? _____